



LICENSE VERIFICATION ARIZONA REQUEST FORM

Use this form if you need a verification of your Arizona licensure sent to another state.
There is no charge.

Complete the form and mail or fax it to: Massage Therapy Board
1400 W. Washington Room 300
Phoenix AZ 85007
Fax # 602-542-8804

Print Clearly

Licensee holder name _____

Licensee number MT- _____ Phone# _____

Current Address _____

The verification/letter of good standing is to be mailed to:

Name: _____

Address: _____